Please print or type with EUTE type /12 characters	inch) in the unsheded areas only		w <mark>ovod. OMB No. 2050-0028. Expires 9-30-88</mark> GSA No. 0246-EPA-03
Uni	Washington, DC 20460		Please refer to the Instructions for Filing Notification before completing
CEDA	•	87.10329	this form. The information requested here is required by law (Section
SEPA Notification	of Hazardous V	Vaste	3010 of the Resource Conservation and Recovery Act).
For Official Use Only	Tetal services	produced to the first terms.	e the total of the second of the
	Commen	ts	
c V			
Jamellarian's SRA ID No.		Date Rece	
Installation's EPA ID Num	I P TAC	oproved (yr. ma.	dey)
I. Name of Installation	1/15/3/11	A 87/017	20
X F A R M E R S M 1	LL AND E	LEVATO	RINC
II. Installation Mailing Address			- 1. ·
	Street or P.O	. Вох	
x nonresponsiv	/e		
	City or Town		State ZIP Code
ACIAISITLE RO	C K		MN 55010
III. Location of Installation	Standard Route	N	
Poprochonciv	Street or Route	WIMINEY .	
nonresponsiv	C		
	City or Town		State ZIP Code
6 CASTLE RO	$C \mathcal{K} $		MN 55010
			المنتقل المنتفية المؤاملة والمنافقة
	st, first, and job title)	7-1-01	ne Number (area code and number)
nonresponsive		5 5	nresponsive
V. G. V. V. G. G. V. I.	stallation's Legal Owner	`	B. Type of Ownership (enter code)
FARMERS M	1 2 44-1	ELEVATO	RECEPPORT (P)
VI. Type of Regulated Wasta Activity	(Mark 'X' in the appropr	iate boxes. Refer to ins	tructions.)
A. Hazardous Wasta Activ	rity	B. Used Q	il Fuel Activities
1a. Generator	than 1,000 kg/mo.	6. Off-Specification Used Oil (enter 'X" and mark approp	1 3 V 13, 13 V 15
3. Treater/Storer/Disposer		a. Generator Merteti	
		☐ b. Other Marketer	. JUL 2 0 19 87
5. Market or Burn Hazardous Wasta Fuel (enter 'X' and mark appropriate boxes bei	ow)	C. Burner	outs & v
a. Generator Marketing to Burner		7. Specification Used Oil Fue Who First Claims the Oil A	Marketer for On site Burner)
b. Other Marketer c. Burner		TAILO FIIS CIGNIII DIG CII N	THE STATE OF THE S
VII. Waste Fuel Burning: Type of Com	oustion Device (enter X i	all appropriate boxes to indi	tate type of combustion device(s) in
which hazardous waste fuel or off-specification to	sed oil fuel is burned. See ins	tructions for definitions of co	mbustion devices.)
A. Utility Boiler	B. Industrial Boild		dustrial Furnace
VIII. Mode of Transportation (transpor			14. 74. 22.4
	D. Water L. E. Other (sp	еспуј () А	1KOTA-037
IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate when	her this is your installation's	first potification of harmed	Is waste activity or a subsequent
notification. If this is not your first notification, en	ter your installation's EPA ID	Number in the space provide	below.
	, -	C. Inst	allation's EPA ID Number
A First Notification B. Subsequent No	ptification EPA Region 5	Records Ctr.	
EPA Form 8700-12 (Rev. 11-85) Previous editi	On is obse		Continue on reverse
Transfer and the first of the f		50	

		10	w Official Use	
🛰				T/A C
X. Description of Hazardous Waste	s (continued from from	1)	L F	
A. Hazardous Wastes from Nonspecific Sou from nonspecific sources your installation			1.31 for each listed	i hazardous waste
. 1 2	3	4	5	6
7 8		10	11	12
		/		
B. Hazardous Wastes from Specific Sources specific sources your installation handles.	Enter the four-digit number Use additional sheets if nec	r from 40 CFR Part 261,32	for each listed has	tardous weste from
13 14	15	16	17	18
19 20	21	22	23	24
25 26	27	28	29	30
C. Commercial Chemical Product Hazardous	Warran Fores the four dis	r number from 40 CER Par	7 261 33 for each (Themical substance
your installation handles which may be a h			1201.3310. 650.10	A TOTAL SOUSCE I CO
31 32	33	34	35	36
37 38	39	40	41	42
43 44	45	46	47	48
D. Listed Infectious Wastes. Enter the four-di- pitals, or medical and research laboratories				ortals, veterinary hos-
49 50	51	52	53	54
E. Characteristics of Nonlisted Hazardous W your installation handles. /See 40 CFR Parts	astes. Mark 'X' in the boxes	corresponding to the chara	ecteristics of nonlis	ted hazardous wastes
~ ★	_	3. Reactive		4. Toxic
(5001)	2. Corrosive (D002)	(DOC3)	***	(D000)
XI. Cartification	\			
I certify under penalty of law that I this and all attached documents, a obtaining the information, I believe	and that based on my it that the submitted info	nquiry of those individ Irmation is true, accur	duals immediate ate, and comple	ely rasponsible for etc. I am aware that
there are significant penalties for s			·····	
nonresponsive	Name and Offic	siel Title (type or print)	Da	te Signed 7/17/87
EPA Form 8709-12 (Rev. 11-85) Reverse	(.			



Α.

Dakota County Environmental Health Services 1600 W. Hwy. 55 Hastings, Minnesota 55033 437-0275

Please Type or Print

HAZARDOUS WASTE DISCLOSURE
INVENTORY - Form 1

GENERAL INFORMATI	ION				
Company Name (inc	lude divisio	on name if app	olicable):		
Farmers	Mill &	Elevato	r, 7	Ine.	
Location: NONr	esponsi	ve		Castle	Pocle 550
Stree	t	City	County	State	Zip Code
Mailing Address:	Same		·		
-	Street	City	Coun	ty State	Zip Code
EPA Identificatio	n Number:	MNDO	227	40153	
Responsible Perso	n: _ <mark>non</mark> i	respons	sive T	itle	
Telephone: Busin	ess		Er	mergency	
Alternate Contact	.: _		T	itle	
Telephone: Busin	ess		E:	mergency	
Principal Product	or Service	truck/tru	metor R	epair s	PCA USE
UATADDONG MACTE/C		•			itu Eamanai

B. HAZARDOUS WASTE(S) List all hazardous wastes produced at the facility. For each hazardous waste listed below, complete and attach a separate Hazardous Waste Management Plan (Form 2). Attach additional sheets if necessary.

Waste Inven- tory No.	Process, Activity, Service Department	ŀ	Hazardous Waste Number			Waste Name or Description	Physical State
н1	Parts Washer	P	0	6	/	waste Solvent	-
H2	Carb Cleans	E	0	0	2	waster Carb Cleaner	-
нз	Batteries	Þ	0	0	2	waste Rattenes	
Н4						·	
Н5							
Н6							
н7							
н8							

C. NON-HAZARDOUS WASTE(S) List nonhazardous wastes produced at the site. County Staff may require the information or method by which you have evaluated these wastes. Attach additional sheets if necessary.

Waste Inven- tory No.	Process, Activity, Service Department	Type or Description of Non-Hazardous Waste	Physical State
N1	•		
N2			
ИЗ			
N4			
พร			

D. OILS List waste oils generated at the facility.

Waste Inven- tory No.	Process, Activity, Service Department	Type or Description of Non-Hazardous Waste	Physical State
01	011 Chances	used oil	1
02	Pierce oil	~ 500 Gal/yr	

- E. <u>CONTINGENCY PLAN</u> Attach a copy of the contingency plan pursuant to Minnesota Rules Part 7045.0292 unless exempt as specified in Dakota County Ordinance III. (Small quantity generators must comply with certain requirements).
- F. COMPLETED FORMS Please send completed forms and attachments to:

Dakota County Environmental Health Services 1600 W. Hwy. 55 Hastings, Minnesota 55033

G. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature		Name (type or print)	Date, Signed
nonresp	onsive	nonresponsive	7/17/87
		Title PESIDENIT	



Dakota County Englonmental Health Services 1600 W. Hwy. 55 Hastings, MN 55033 437-0275

HAZARDOUS WASTE DISCLOSURE MANAGEMENT PLAN - FORM 2 (One for Each Hazardous Waste)

444			· · · · · · · · · · · · · · · · · · ·					
>				_	·	·		
H/	- Waste I	nveņt	ory Number (fr	OI	n FCRM 1, Part B)		* .	
Α.								
	Company Name and Di							
	FArmers	<u>m;)</u>	1+ Elevi	æ	tor Inc		····	
	EPA Identification I	Vumbai		Ť				
В.	WASTE IDENTIFICATION		 	+			·	
D .				.	ie (From Part B of FORM :	11.		
	l-l-l-i-i-i					·	ŕ	
	0001	Wa	sto So	/	ved Physical State	e	<i>P</i> -	
	2. Major Constituer	•					`	
	- All known comp - The respective - The anticipate that will occu	onent cond d flu	ts (whether the tentration of tactuations in the ting normal open	i h	individual component is to se components greater to chemical composition to the contract of th	hazar than l (conce	dous or not); %; and entration range	
			•			other	data used to	
	identify the haz	ardoi	is properties a	ın	ports, test results, or d constituents of the wa	iste.		
		Co	uncentration	T		Co	ncentration	
	Component	7	Range in %		Component	8	Range in %	
5+	oddard Solver		90%		- Composition			
<u> </u>			7-75					
	3. FP Toxicity Comp	opent	s of Waste. I	H i	st all known or suspecte	d nes	ticide or	
	metal components	of t ted f	he leachate of		the waste, the respective the concentration which	e con	centrations	
		Ca	ncentration			Co	ncentration	
	Component	PPM.	Range in PPM		Component	PPM	Range in PPM	
			·		,			
					. •			
				Í			4	
	HAZARDOUS WASTE MANA	GEMEN	T	Ť				
	1. Estimated annual gallon	amou s (if	- nt of this was liquid).	t	e produced:1	bs. (if solid or	
	2. Is this waste a pecome mixed wit					凶	Ю	
	If yes, write the of FORN 1) of each	e was ch of	te names and the other was	he te	eir waste inventory numb	ers (from Part B	

			•	
3.	Waste will be treated or disposed:	(Check One) On-site.	Xi Off-site	
		• •	9	
5.	If managed on-site, how is this was	te treated or disposed?		
	hixed with oi	/		
_	For wastes discharged on-site to mu the state, list the name and addres NPDES or State Disposal Permit numb	nicipal or non-municipal sew s of the wastewater treatmen er.	ers and waters of t works and their	
	Wastewater T	reatment Works		
Name:		Permit Number:		
Locati	on:			
L	Assisianted fraguescu of chicago			
	• • • • • • • • • • • • • • • • • • • •			
}	Transporters. List the transporter	(S) to be used for snipment:		
	Transporter Hame and Address	EPA L.O. No	unber ,	
a	Pierce oil Co			
b.				
c.				
8.	For wastes shipped off-site, list the back-up (b) facility, each facility ment methods or processes used at the list of hazardous waste management a	he name and address of the pr 's EPA identification number, he facility. (See the instru methods and processes).	imary (a) and , and the manage- ictions for a	
 	Orimary Facility	Rack-up Facil		
Name	<u> </u>	1		
1				
Manage	ment Method or Process:	Management Method or Proces		
, idila ge.		Tidingsment fiction of froces		
			•	
I conthe inquirement of the three inquirements of the inquirement of the three inquirements of the inquirements of the three inquirements of the inquirements of the inquirements of the inquirements of the inquirement of the in	ertify under penalty of law that I had information submitted in this and alwiry of those individuals immediately elieve that the submitted information to there are significant penalties for sibility of fine and imprisonment.	eve personally examined and a lattached documents, and the responsible for obtaining to is true, accurate, and compositions that is true, accurate, and compositions that is the compositions of the compositions are informations.	m familiar with at based on my the information, lete. I am aware in including the	
Signati			Date Signed	
n			2/17/07	
4. How and where is this waste stored prior to off-site shipment or on-site treatment? 5. If managed on-site, how is this waste treated or disposed? Aixed with Oid For wastes discharged on-site to municipal or non-municipal sowers and waters of the state, list the name and address of the wastewater treatment works and their NPDES or State Disposal Permit number. Wastewater Treatment Works Hame: Permit Number: Location: 6. Anticipated frequency of shipment: per year. 7. Transporters. List the transporter(s) to be used for shipment: Transporter Hame and Address EPA I.O. Number. a. Pierce oid Co b. c. 8. For wastes shipped off-site, list the name and address of the primary (a) and back-up (b) facility, each facility's PA igentification number, and the management methods or processes used at the facility. (See the instructions for a list of hazardous waste management methods and processes). Primary Facility Name: Pierce oid Co Address: SPA I.D. Management Method or Process: Management Method or Process: D. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete. I am ware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				
	7 77			

PQ00277-01



Dakota County Environmental Health Services 1600 W. Hwy. -55 Hastings, MN 55033

HAZARDOUS WASTE DISCLOSURE MANAGEMENT PLAN - FORM 2 (One for Each Hazardous Waste)

7	437-0275	•					
, p	Please Type or Print	<u> </u>					
H	2 Waste I	rvent	ory Number (fro	חכ	FCRM 1, Part B)		
Α.	GENERAL INFORMATION			٠,			•
	Company Name and Div	/isio	n (Same as on f	(ORM 1):		
	Farmers h	11/	4 Eleva	×	tor, Inc		
				t	11-1-1-1-1		
			}		 		
В.	4				•		
	1. Hazardous Waste	Numbe	er and Waste Na	Ji	e (From Part B of FORM 1	.):	
:	FOO	Ca	rb Clea		ner Physical State	٠	<u></u>
	2. Major Constituer	its of	f Waste. List:		,		
	 All known comp The respective The anticipate 	onent cond	ts (whether the tentration of t actuations in t	h	individual component is use components greater to the chemical composition (hazar han l conce	rdous or not); %; and entration range
					·		
•	Attach and numbe identify the haz	r any ardou	explanatory r s properties a	ת פ	ports, test results, or d constituents of the wa	other ste.	data used to
		Co	yncentration	Ī		Cc	ncentration
	Component	%	Range in %		Component	8	Range in %
		Co	ncentration			Co	ncentration
	Component	PPM.	Range in PPM		Component	.PPM	Range in PPM
				L			
							•
					·		
					:		
	HAZARDOUS WASTE MANA	SEMEN	T	Ť			
			••	tε	produced:1	os. (if solid or
	 		•		•		NO
	If yes, write the	Waste Inventory Number (from FCRM 1, Part B) RAL INFORMATION any Name and Division (Same as on FORM 1): INFORM 1 Mill & Elevator, Inc. Identification Number: IDENTIFICATION AND EVALUATION Mazardous Waste Number and Waste Name (From Part B of FORM 1): All known components (Whether the individual component is hazardous or not). The respective concentration of those components greater than 12; and the anticipated fluctuations in the chemical composition (concentration ran that will occur during normal operations. Attach and number any explanatory reports, test results, or other data used to dentify the hazardous properties and constituents of the waste. Concentration Toncentration Range in 2 Component Concentration PPM Range in PPM Component Concentration Concentration Concentration Concentration Concentration PPM Range in PPM Component PPM Range in PPM Component DOUS MASTE MANAGEMENT Stimated annual amount of this waste produced: Stimated annual amount of this waste produced:	from Part B				

	9						•
3.	Waste will be treated or disposed:	(Check	One)	On-:	site.	IX i	Off-site
4.	How and where is this waste stored			,		on-sit	.e
	treatment?	- 		 -	 -		
5	If managed on-site, how is this wa	ste treat	ed or di	isnosed?	· 		
· •	N/B			aposes.			
				•			
,	For wastes discharged on-site to m the state, list the name and addre NPDES or State Disposal Permit num	unicipal ss of the ber.	or non-n wastewa	nunicipal iter trea	sewe tment	rs and works	waters o and thei
	Wastewater	Treatment	Works				
Name:		P	ermit Nu	mber:			
Locati	on:						
6.	Anticipated frequency of shipment:		per ye	ar.			.
	Transporters. List the transporte				ent:		
<u> </u>							
	Transporter Name and Address			EPA L.	D Nu	mber	
a.				╬╌╏╼╏			
b.				-{{	_		
c.	For wastes shipped off-site list	the name		total		<u> </u>	3) 300
•	For wastes shipped off-site, list back-up (b) facility, each facility ment methods or processes used at list of hazardous waste management	y's EPA fi the facil methods	dentific ity. (S and proc	ation nu ee the i esses).	mber, nstru	and the	e manage for a
	Primary Facility	1		Back-up	Facil	itv	•
Name:		Name:				· · · · · · · · · · · · · · · · · · ·	·
Address	<u> </u>	Addres	• •••			 	
EPA I)	EPA I					
Managen	ment Method or Process:	Manager	ment Met	hod or P	roces	S:	_
D. CERT	rification			 		•	
·		nave perso	onally e	xamined	and ar	n famil	iar with
the inqu I be that poss	ertify under penalty of law that I he information submitted in this and a liry of those individuals immediated elieve that the submitted information there are significant penalties for ibility of fine and imprisonment.	all attach ly respons on is true or submits	ned documents of the second do	ments, a r obtain ate, and se inform	nd the ing the composition	et based ne infor lete. n, inclu	i on my mation, I am awar uding the
Signațó	Name (typ	e of pri	it)			Date S	igned '
	onresponsive nonresp		· · · · · · · · · · · · · · · · · · ·			m/	/
		PESID				//17/	187

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Ted Wolff

AUG 26 1987

Ecology and Environment, Inc. 111 West Jackson Blvd. Chicago, IL 60604

